

SENDER: COMPLETE		PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	FOLD AT DOTTED LINE
<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p><i>[Signature]</i> MAY 21 2001</p> <p>C. Signature</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input checked="" type="checkbox"/> No</p>			
<p>1. Article Addressed to:</p> <p>Deputy Attorney General Mr. Francis Filipi, 15th Floor, Strawberry Square Harrisburg, PA. 17120</p>			
<p>2. Article Number (Copy from service label) 7000 0520 0023 0168 0415</p>			
<p>PS Form 3811, July 1999.</p>		<p>Domestic Return Receipt</p>	<p>102595-99-M-1789</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>			
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			

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HARRISBU

JUL 12 2001

MARY E. D'ANDREA
Per *SJS*
DEPUTY CLERK

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